

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4)
Summary Sheet

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36	156		-107	-	

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Tyes No	Ĺ		
COMMITTEE INFORMATION	V		
1. Full Name of Committee (as on Statement of Organization)			
PETE PETERSON FOR FISHERS TOWN	COU	WC/C	
2. Acronym or Abbreviated Name (if any)	3. Con	rmittee Telephone Number	
4. Mailing Address (address where all campaign finance correspondence is received) [] 4. Mailing Address (address where all campaign finance correspondence is received)	Check if th	is is a new address	
5. City, State, ZIP Code FORTVILLE IN 4/6040		y Affiliation <i>(if applicable)</i>	/
CANDIDATE INFORMATION (For Candidate's	Committ	ees Only)	
7. Full Name of Candidate (include any nickname)	8. Part	y Affiliation or If Independe	nt Candidate
CARL A PETERSON (PETE)	P	BUBLICAN	,
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		unty of Residence	
FISHERS TOWN COUNCIL SEAT DISTRICT #1	170		N CANDIDATES ONLY
11. Check one;			N CANDIDATES ONL!
Pre-Primary Pre-Election Annual Nomination Other		Check one:	vention
Final/Disbands Committee fines 18, 19, and 20 must be "0" Utgoing Treasurer (within 10 days amend Stateme	nt of Organizatio	J	
12. Reporting Period:		COLUMN A	COLUMN B
From: 4-9-11 Through: 10-14-11		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		4258.33	
14. Cash on hand and investments January 1, current year.			1000.00
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		1250.00	13,887.96
15b. Uniternized		0	0
15c. Add lines 15a and 15b in both columns SU	BTOTAL	1250.00	13.881.96
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	6308.33	14,887,96
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		4185.63	13,565.26
17b. Uniternized		0_	0
17c. Add lines 17a and 17b in both columns St	JBTOTAL	4185.63	13,565.26
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	1322.70	1322.70
19. Debts OWED BY the committee (use Schedule D)		0	
20. Debts OWED TO the committee (use Schedule E)		0	. 4
			SHOO NAVIENO

	ERTIFICATION	
<u>10</u>	BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	UE, CORRECT AND COMPLETE.
S	Title TREASURER	Date 10+4-11
S		Date 16-14-11
W fil	pied for sale or used for any commercial purpose. (I A person who fails to file a complete or accurate	C 3-9-4-5) A person who knowingly e report as required by the Indiana

FOR OFFICE USE ONLY

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	E NUME	BER	
Page _	1	of _	3	

		[''	igeoi	
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) 1.	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
ASHLEY VUKOVITS	Contributions:		LAN-TO-DATE	KEOLIVED BY
HSPET VUKOVII 3	Direct	50.00	50,00	
10583 GETST RIDE CT. FORTVILLE 101 46040	In-Kind (describe)	30.3	30,00	4-9-11
46040	Other Receipts:	1		Tay
	Misc. (specify)	1		JAY
Contributor's Occupation (if required)				HACKER
THOMAS WARREN	Contributions:	25.00		11
11552 FAIL CREEK RO.	In-Kind (describe)	25.00	25.00	4-10-11
INDIANAPOUS IN	Other Bessiets	}	1)
46256	Other Receipts:		}	
700 32	Misc. (specify)		ĺ	JPH
Contributor's Occupation (if required)				
3.	Contributions:			
LESLIE MOONEY	Direct	50.00	50.00	411
9574 E 106TH ST	In-Kind (describe)	90.00	30.00	7-77 //
FISHERS IN 46037	Other Receipts:		}	
4603/	Interest Loan			-2.1
	Misc. (specify)		}	JPH
Contributor's Occupation (if required)				
1 Paul Marris	Contributions:	_		
RW MORRIS	In-Kind (describe)	100.00	100.00	411-11
10242 ALEXIA DR				
INDIANAPOLIS IN	Other Receipts:			
46236	Interest Loan			T0.7
	Misc. (specify)			JH
Contributor's Occupation (if required)				
5.	Contributions:			
KELLY SHONDORN	Direct	100.00	100.00	4-11-11
EUX SHONBORN 14317 BROOKFIELD ST FORTVILLE 10% 46040	In-Kind (describe)			
FORTVILLE 10X	Other Receipts:			
46040	Interest L Loan			TRI
•	Misc. (specify)		1	
Contributor's Occupation (if required)				
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$325.00		
TOTAL OF ALL PAGES OF SCHEDULE A		\$		
(Enter total on ITEI	1 15a of the Summary Sheet)	<u> </u>		



(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

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FILE NUMBER				
_				
Page_	2	of	3	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
FULL MAILING ADDRESS (street, number_city_ators 3tP code)	OR OTHER REGERT	AMOUNT THIS	CUMULATIVE	RECEIVED BY
The second section of the second section is a second section of the second section of the second section secti	Contributions:		A STATE OF THE STA	
GEORGE RUSCHHAUPT	Direct	50.00	50.00	4-11-11
10266 BEE CAMP CT	In-Kind (describe)		30.00	
McCOROSVILLE IN	Other Receipts:			
46055	☐ Interest ☐ Loan☐ Misc. (specify)			JPH
Contributed a Communities of the section of	Wilso. (specify)			
Contributor's Occupation (if required)	Contributions:	 		
JEFFERY WITNER	Direct	26 -8	- 6 20	1117-11
1204 CRAWFORD DR	In-Kind (describe)	23.00	25.00	41211
INDIANAPOLIS IN	Other Receipts:	1		
46220	Interest Loan			TPH
700 20	Misc. (specify)			JPA
Contributor's Occupation (if required)				
3.	Contributions:			
STANLEY SPRINGER	Direct In-Kind (describe)	50.00	50.00	4-30-11
11806 SEA STAR LN	In-King (describe)		9.	
INDIANAPOUS IN	Other Receipts:			
46256	Interest Loan			TON
	Misc. (specify)			JAI
Contributor's Occupation (if required)				
WALTER BAGOT	Contributions: Direct			
		100.00	100.00	4-29-11
12655 BROPEMER CTS				
FISHERS IN	Other Receipts:	1		
46037	☐ Interest ☐ Loan ☐ Misc. (specify)			JAH
	iniac. (apcony)			
Contributor's Occupation (if required)	Contributions:			
PATRICIA LIFE	Direct	50.00	50.00	1121
PATRICIA LIFE 11807 SEASTAR OR INDIANAPOLIS IN 46256	In-Kind (describe)		30.00	7-29-11
INDIANAPOLIS IN	Other Receipts:	1		<u></u>
46256	Interest Loan			TOIL
,,,,,	Misc. (specify)			3/19
Contributor's Occupation (if required)				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 275.00		
TOTAL OF ALL PAGES OF SCHEDULE		\$		
(Enter total on ITE	M 15a of the Summary Sheet)	•		



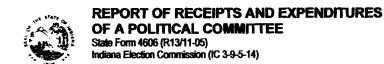
State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

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	FILE	E NUMBE	€R	
Page_	3	of	3	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION		COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
	Contributions:	FERIOD	TEAK-10-DATE	
DANE & LINDA RICHTER	Direct	500.00	500.00	11-0-11
1-32 Harristen Pl	In-Kind (describe)	300	300	777//
DANE & LINDA RICHTER 6037 HOWYTHROOF PL CARAGET IN 46033				·
CARACT IN 46033	Other Receipts:	}	1	- 1
	Interest Loan	}	ł	THY.
	Misc. (specify)			
Contributor's Occupation (if required)				
2 Lough Lougher	Contributions:			
STEVEN GRIZUE CHAIF	In-Kind (describe)	100.00	100.00	5-3-11
9670 NAUTILUS CHECK	I IIPidia (describe)			
STEVEN GRIESENER 9670 NAUTILUS CHOLE INDIANAPOLIS IN 46256	Other Receipts:	1		
46256	Interest Loan			-21
	Misc. (specify)		j	JUH.
Contributor's Occupation (if required)			}	
3.	Contributions:			
•	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Misc. (specify)			
Contributor's Occupation (if required)	0-14-4			
4.	Contributions:			1
	In-Kind (describe)			
				
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts:			
	Interest Loan			}
	Misc. (specify)			
Contributor's Occupation (if required)		<u>'</u>		
	THIS PAGE OF SCHEDULE A	\$ (000 00		
TOTAL OF ALL PAGES OF SCHEDULE A		\$ (400.00		
	1 15a of the Summary Sheet)	\$ 1200.00		



(CFA-4 SCHEDULE A-2) **CONTRIBUTIONS BY CORPORATIONS**

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year INUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebetes, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, INUST be itemized on this schedule (over \$200 if equator party committee). \$200 if regular party committee).

	FILE NUMBER
Page	of

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS street number, city, state ZIP code,	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1 INDIAMAROLIS YACHT CUB 12900 FAIL CREEK RD McCORDSVILLE IN 46055	Contributions: Direct In-Kind (describe)	50.00	300.00	5-3-11
McCordsVILLE IN 46055	Other Receipts: Interest Loan Misc. (specify)			5-3-11 JPH
2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			-
	Other Receipts: Interest Loan Misc. (specify)			
4	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
CHDTATAL	TUR DAGE OF COURDING	. FA.100		
	THIS PAGE OF SCHEDULE A	* 50.00		
	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$ 50.00		
TÔTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE		\$ 50.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUME	ER
Page_	1	_ of	3

				age oi	
RECIPIENT'S NAME AND MAILING ADDRESS (street. number. city. state. ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
HOOSIER SIGN GUY POBOX 836 CICERO IN 46034	PRINTER BANNER	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	214.00	175.75	4-12-11
HOSSIER SIGN GUY PO BOX 835 CICENO IN 46034	PRINTER 51643	Direct	749.00	1524.75	4-13-11
PAYPAL FEES	PAYPAL TRASPER	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	15.46	\$3.7/	4-30-11
ALLEGER MARKETING 7802 E 8874 ST 1 NOIANAFOLIS IN 46256	PRINTER POST GARDS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	124.45	124.45	421-11
Tom BRITT POBOX 36097 INIDIAMAPOLIS IN 46236	WEB DESIGNED ONLINE POST CARDS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	988.37	5063.37	421-11
PIETE PETERSON 14695 CEST RIDGE DE PORTVILLE 1114	PAYMENT POR POSTORS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	24.75	989.55	4-21-11
HOOSIGN T-SMRT PO BOX 83 5 CKEND 15034	GHIRTS	Direct	321.00	321.00	4-27-11
7000/	SUBTOTAL THIS PA	GE OF SCHEDULE B	\$ 2439,0	3	
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH	TE LAST PAGE ONLY	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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	FILE	NUMBE	R	
Page	2	_ of	3	

				ageu	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A	COLUMN B	DATE OF
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE
PICCIAS PIZZA 11695 FAU CREEK	RESTAURANT	Direct In-Kind Payment of Debt Returned Contribution	195.64	195.64	5-3-1/
INDIANAPOLIS IN 46256	RL	Purpose:			
PICCINS PIZZA 11695 FAU CREEK	RESTAURANT	Pirect In-Kind Payment of Debt Returned Contribution	52.49	248-13	5-3-11
INDIANAPOLIS IN 46256		Purpose:			
CHEY BARESCLE	STAMPS	Payment of Debt Returned Contribution	114.40	114.40	5-5-11
9640 BAY VIEW OF INDIANAPOUS IN 46256		OtherPurpose:			
CARY BATESOLE GG40 BAY VIEW CT.	FOOD PRIME	Direct In-Kind Payment of Debt Returned Contribution	95.81	210.21	5-51/
INDIANTOUS 14 46256		Purpose:			
INDIAMAPOLIS PART	YACHT CLUB	Direct In-Kind Payment of Debt Returned Contribution	50.00	300.00	5-3-1/
Me CORDSVINE 46055		Purpose:			
Code A	JOINT ADIN	Direct In-Kind Payment of Debt Returned Contribution	147.00	147.00	5-18-11
12 056 CARURA 12 056 CARURA CT FISHERS 174 46038		Other			
ALLEGRA MARKETIME	PLYER	Oirect In-Kind Payment of Debt Returned Contribution	441.24	565.71	5-31-1/
ALLEGRA MARKETIME 7802 E 88TH ST INDIANAPOUS IN UG256		Other Purpose:			
	SUBTOTAL THIS PA	GE OF SCHEDULE B			
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a or	HE LAST PAGE ONLY f the Summary Sheet)			



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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FILE NUMBER				
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Page_	3	_ _ of _	3	

 					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Pere Pereson 1495 GAST RIDGE OR. PORTVILLEN	funo RAISER	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Scorrs	325.00	1314.55	814-11
HAMILTON COUNTY REPUBLICAN PARTY 7246 FISHERS	GOF FUNIO- RAISER	Direct In-Kind Payment of Debt Returned Contribution	250.00	250.00	8-14-11
CACESING DE LIVITES		OtherPurpose: FUREN			
Code C BOMITTEE TO ELECT BRIAN BOSMA	FUND RAISER	Direct In-Kind Payment of Debt Returned Contribution	15.00	75.00	10-4-11
		PURPOSE: FUND RAISER			ı
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$ 650.00		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THI		\$ 650.00 \$4186.63		